Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

Participant ID

Variable # 1

Sas Name: ID

Sas Label: Participant ID

Usage Notes: none

Categories: Study: Administration

F30 Days since randomization/enrollment

Variable # 2

Sas Name: F30DAYS

Sas Label: F30 Days since randomization/enrollment

Usage Notes: none

Categories: Study: Administration

N	Min	Max	Mean	Std Dev
16603	-324	0	-59.1151	34.36977

F30 Hospitalized in last two years

Have you been hospitalized overnight at any time during the past two years?

Variable # 3

Sas Name: HOSP2Y

Sas Label: Hospitalized overnight last two years

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History

Values		N	%
0	No	13,578	81.8%
1	Yes	1,558	9.4%
.	Missing	1,467	8.8%
		16,603	

F30 Glaucoma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Glaucoma

Variable # 4

Sas Name: GLAUCOMA

Sas Label: Glaucoma ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,326	86.3%
1	Yes	686	4.1%
.	Missing	1,591	9.6%
		16,603	

F30 Cataracts

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Cataract(s)

Variable # 5

Sas Name: CATARACT

Sas Label: Cataract ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	12,562	75.7%
1	Yes	2,450	14.8%
.	Missing	1,591	9.6%
		16,603	

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 High cholesterol

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High cholesterol requiring pills

Variable # 6

Sas Name: HICHOLRP

Sas Label: High cholesterol requiring pills ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	13,106	78.9%
1	Yes	1,906	11.5%
.	Missing	1,591	9.6%
		16,603	

F30 Asthma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Asthma

Variable # 7

Sas Name: ASTHMA

Sas Label: Asthma ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	15,276	92.0%
1	Yes	1,076	6.5%
.	Missing	251	1.5%
		16,603	

F30 Emphysema/chronic bronchitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Emphysema or chronic bronchitis

Variable # 8

Sas Name: EMPHYSEM

Sas Label: Emphysema ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,510	87.4%
1	Yes	502	3.0%
.	Missing	1,591	9.6%
		16,603	

F30 Kidney stones

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Kidney or bladder stones (renal or urinary calculi)

Variable # 9

Sas Name: KIDNEYST

Sas Label: Kidney or bladder stones ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,499	87.3%
1	Yes	513	3.1%
.	Missing	1,591	9.6%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub **File Date:** 04/10/2006 **Structure:** One row per participant **Population:** E+P participants

F30 High blood calcium

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High blood calcium

Variable # 10

Sas Name: HIBLDCA

Sas Label: High blood calcium

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,920	89.9%
1	Yes	92	0.6%
.	Missing	1,591	9.6%
		16,603	

F30 Stomach or duodenal ulcer

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Stomach or duodenal ulcer

Variable # 11

Sas Name: STOMULCR

Sas Label: Stomach of duodenal ulcer ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	15,448	93.0%
1	Yes	899	5.4%
.	Missing	256	1.5%
		16,603	

F30 Diverticulitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Diverticulitis

Variable # 12

Sas Name: DIVERTIC

Sas Label: Diverticulitis ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,086	84.8%
1	Yes	926	5.6%
.	Missing	1,591	9.6%
		16,603	

F30 Ulcerative colitis or Crohns

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Ulcerative colitis or Crohn's disease
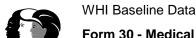
Variable # 13

Sas Name: COLITIS

Sas Label: Ulcerative colitis ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	16,220	97.7%
1	Yes	143	0.9%
.	Missing	240	1.4%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

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F30 Systemic erythematosus

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Systemic erythematosus ("lupus" or SLE)

Variable # 14

Sas Name: LUPUS

Sas Label: Lupus ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	16,293	98.1%
1	Yes	61	0.4%
.	Missing	249	1.5%
		16,603	

F30 Pancreatitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Pancreatitis (inflamed pancreas)

Variable # 15

Sas Name: PANCREAT

Sas Label: Pancreatitis ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	16,246	97.8%
1	Yes	119	0.7%
.	Missing	238	1.4%
		16,603	

F30 Osteoporosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Osteoporosis (weak, thin, or brittle bones)

Variable # 16

Sas Name: OSTEOPOR

Sas Label: Osteoporosis ever

Usage Notes: none

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	15,531	93.5%
1	Yes	799	4.8%
.	Missing	273	1.6%
		16,603	

F30 Hip replacement

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Hip replacement

Variable # 17

Sas Name: HIPREP

Sas Label: Hip replacement ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures
Medical History: Other Disease/Condition

Values		N	%
0	No	14,755	88.9%
1	Yes	257	1.5%
.	Missing	1,591	9.6%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Other joint replacement

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Other joint replacement

Variable # 18

Sas Name: OTHJREP

Sas Label: Other joint replacement ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,665	88.3%
1	Yes	347	2.1%
.	Missing	1,591	9.6%
		16,603	

F30 Part of intestines removed

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Part of intestines taken out

Variable # 19

Sas Name: INTESTRM

Sas Label: Part of intestines removed ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	15,308	92.2%
1	Yes	234	1.4%
.	Missing	1,061	6.4%
		16,603	

F30 Migraine headaches

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Migraine headaches

Variable # 20

Sas Name: MIGRAINE

Sas Label: Migraine headaches ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	13,717	82.6%
1	Yes	1,295	7.8%
.	Missing	1,591	9.6%
		16,603	

F30 Alzheimers disease

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Alzheimer's disease

Variable # 21

Sas Name: ALZHEIM

Sas Label: Alzheimer's disease ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,996	90.3%
1	Yes	16	0.1%
.	Missing	1,591	9.6%
		16,603	

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Multiple sclerosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Multiple sclerosis

Variable # 22

Sas Name: MS

Sas Label: MS ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,966	90.1%
1	Yes	46	0.3%
.	Missing	1,591	9.6%
		16,603	

F30 Parkinsons disease

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Parkinson's disease

Variable # 23

Sas Name: PARKINS

Sas Label: Parkinson's disease ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,980	90.2%
1	Yes	32	0.2%
.	Missing	1,591	9.6%
		16,603	

F30 Amyotropic lateral sclerosis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)

Variable # 24

Sas Name: ALS

Sas Label: ALS ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,996	90.3%
1	Yes	16	0.1%
.	Missing	1,591	9.6%
		16,603	

F30 None of the above conditions

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)
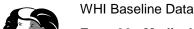None of the above

Variable # 25

Sas Name: NACOND

Sas Label: None of listed medical conditions ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	7,526	45.3%
1	Yes	7,486	45.1%
.	Missing	1,591	9.6%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Heart or circulation problems

Has a doctor ever told you that you had heart problems, problems with your blood circulation, or blood clots?

Variable # 26

Sas Name: CVD

Sas Label: Cardiovascular disease ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	13,247	79.8%
1	Yes	1,834	11.0%
.	Missing	1,522	9.2%
		16,603	

F30 Cardiac arrest

Please mark the conditions or procedures below that a doctor said you had. Cardiac arrest (where your heart stopped and needed to be restarted)

Variable # 27

Sas Name: CARDREST

Sas Label: Cardiac arrest ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	3,123	18.8%
1	Yes	31	0.2%
.	Missing	13,449	81.0%
		16,603	

F30 Heart failure

Please mark the conditions or procedures below that a doctor said you had. Heart failure or congestive heart failure

Variable # 28

Sas Name: CHF_F30

Sas Label: Congestive heart failure ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".
Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	1,708	10.3%
1	Yes	91	0.5%
.	Missing	14,804	89.2%
		16,603	

F30 Cardiac catheterization

Please mark the conditions or procedures below that a doctor said you had. Cardiac catheterization (heart catheterization or coronary angiogram)

Variable # 29

Sas Name: CARDCATH

Sas Label: Cardiac catheterization ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	15,970	96.2%
1	Yes	436	2.6%
.	Missing	197	1.2%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Heart bypass

Please mark the conditions or procedures below that a doctor said you had. Heart bypass operation or coronary bypass surgery for blocked or clogged arteries in you heart

Variable # 30

Sas Name: CABG

Sas Label: Coronary bypass surgery ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	16,286	98.1%
1	Yes	120	0.7%
.	Missing	197	1.2%
		16,603	

F30 Angioplasty-coronary artery

Please mark the conditions or procedures below that a doctor said you had. Angioplasty of the coronary arteries (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA)

Variable # 31

Sas Name: PTCA

Sas Label: Angioplasty of coronary arteries ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	16,284	98.1%
1	Yes	123	0.7%
.	Missing	196	1.2%
		16,603	

F30 Carotid endarterectomy

Please mark the conditions or procedures below that a doctor said you had. Carotid endarterectomy or carotid angioplasty (operation for blockage or narrowing of the arteries in your neck)

Variable # 32

Sas Name: CAROTID

Sas Label: Carotid endarterectomy/angioplasty ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	16,373	98.6%
1	Yes	34	0.2%
.	Missing	196	1.2%
		16,603	

F30 Atrial fibrillation

Please mark the conditions or procedures below that a doctor said you had. Atrial fibrillation (a type of irregular heart beat)

Variable # 33

Sas Name: ATRIALFB

Sas Label: Atrial fibrillation ever

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	15,881	95.7%
1	Yes	473	2.8%
.	Missing	249	1.5%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Aortic aneurysm

Please mark the conditions or procedures below that a doctor said you had. Aortic aneurysm

Variable # 34

Sas Name: AORTICAN

Sas Label: Aortic aneurysm ever

Values		N	%
0	No	16,369	98.6%
1	Yes	30	0.2%
.	Missing	204	1.2%
		16,603	

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Categories: Medical History: Cardiovascular

F30 None of above heart problems

Please mark the conditions or procedures below that a doctor said you had. None of the above

Variable # 35

Sas Name: NACVD

Sas Label: None of the listed CVD conditions ever

Values		N	%
0	No	910	5.5%
1	Yes	889	5.4%
.	Missing	14,804	89.2%
		16,603	

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".
Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

F30 Arthritis ever

Did your doctor ever say that you had arthritis?

Variable # 36

Sas Name: ARTHRIT

Sas Label: Arthritis ever

Values		N	%
0	No	9,525	57.4%
1	Yes	6,925	41.7%
.	Missing	153	0.9%
		16,603	

Usage Notes: none

Categories: Medical History: Other Disease/Condition

F30 Type of Arthritis

What type of arthritis do you have?

Variable # 37

Sas Name: RHEUMAT

Sas Label: Rheumatoid arthritis ever

Values		N	%
1	Rheumatoid Arthritis	667	4.0%
8	Other/Don't Know	5,681	34.2%
.	Missing	10,255	61.8%
		16,603	

Usage Notes: Sub-question of F30 V3 Q4 "Arthritis ever".
Not collected on all versions of Form 30.

Categories: Medical History: Other Disease/Condition

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006   **Structure:** One row per participant   **Population:** E+P participants

F30 Gallbladder disease/gallstones

Did a doctor ever say that you had gallbladder disease or gallstones?

Variable # 38

Sas Name: GALLBS

Sas Label: Gallbladder disease or gallstones ever

Usage Notes: none

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	14,202	85.5%
1	Yes	2,311	13.9%
.	Missing	90	0.5%
		16,603	

F30 Gallbladder disease now

Do you now have gallbladder disease or gallstones?

Variable # 39

Sas Name: GALLBSNW

Sas Label: Gallbladder disease or gallstones now

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	1,802	10.9%
1	Yes	297	1.8%
.	Missing	14,504	87.4%
		16,603	

F30 Gallstones removed

Did you ever have a procedure to remove gallstones?

Variable # 40

Sas Name: GALLSTRM

Sas Label: Gallstones removed

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	1,063	6.4%
1	Yes	1,000	6.0%
.	Missing	14,540	87.6%
		16,603	

F30 Gallbladder removed

Did you have your gallbladder removed?

Variable # 41

Sas Name: GALLBLRM

Sas Label: Gallbladder removed

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Categories: Medical History: Other Disease/Condition

Values		N	%
0	No	475	2.9%
1	Yes	1,793	10.8%
.	Missing	14,335	86.3%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Thyroid gland problem ever

Did a doctor ever say that you had a thyroid gland problem (not including thyroid cancer)?

Variable # 42

Sas Name: THYROID

Sas Label: Thyroid gland problem ever

Usage Notes: none

Categories: Medical History: Thyroid

Values		N	%
0	No	13,195	79.5%
1	Yes	3,298	19.9%
.	Missing	110	0.7%
		16,603	

F30 Goiter ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Goiter (large thyroid gland)

Variable # 43

Sas Name: GOITER

Sas Label: Goiter ever

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever". Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	1,804	10.9%
1	Yes	388	2.3%
9	Don't know	149	0.9%
.	Missing	14,262	85.9%
		16,603	

F30 Goiter now

If yes do you now have this problem? Goiter (large thyroid gland)

Variable # 44

Sas Name: GOITERNW

Sas Label: Goiter now

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever". Sub-question of F30 V3 Q6.1.1 "Goiter ever". Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	252	1.5%
1	Yes	128	0.8%
.	Missing	16,223	97.7%
		16,603	

F30 Nodule ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Nodule (lumps in the thyroid gland)
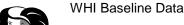
Variable # 45

Sas Name: NODULE

Sas Label: Thyroid nodule ever

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever". Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	1,799	10.8%
1	Yes	351	2.1%
9	Don't know	176	1.1%
.	Missing	14,277	86.0%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006   **Structure:** One row per participant   **Population:** E+P participants

F30 Nodule now

If yes do you now have this problem? Nodule (lumps in the thyroid gland)

Variable # 46

Sas Name: NODULENW

Sas Label: Thyroid nodule now

Values		N	%
0	No	243	1.5%
1	Yes	95	0.6%
.	Missing	16,265	98.0%
		16,603	

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.2 "Nodule ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

F30 Overactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Overactive thyroid

Variable # 47

Sas Name: OVRTHY

Sas Label: Overactive thyroid ever

Values		N	%
0	No	1,720	10.4%
1	Yes	341	2.1%
9	Don't know	225	1.4%
.	Missing	14,317	86.2%
		16,603	

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

F30 Overactive thyroid now

If yes do you now have this problem? Overactive thyroid

Variable # 48

Sas Name: OVRTHYNW

Sas Label: Overactive thyroid now

Values		N	%
0	No	274	1.7%
1	Yes	48	0.3%
.	Missing	16,281	98.1%
		16,603	

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.3 "Overactive thyroid ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

F30 Underactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Underactive thyroid

Variable # 49

Sas Name: UNDTHY

Sas Label: Underactive thyroid ever

Values		N	%
0	No	540	3.3%
1	Yes	1,860	11.2%
9	Don't know	300	1.8%
.	Missing	13,903	83.7%
		16,603	

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Data File: f30_ep_base_pub   **File Date:** 04/10/2006   **Structure:** One row per participant   **Population:** E+P participants

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F30 Underactive thyroid now

If yes do you now have this problem? Underactive thyroid

Variable # 50

Sas Name: UNDTHYNW

Sas Label: Underactive thyroid now

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".
Sub-question of F30 V3 Q6.1.4 "Underactive thyroid ever".
Not collected on all versions of Form 30.

Categories: Medical History: Thyroid

Values		N	%
0	No	696	4.2%
1	Yes	1,104	6.6%
.	Missing	14,803	89.2%
		16,603	

F30 Hypertension

Did a doctor ever say that you had hypertension or high blood pressure? (Do not include high blood pressure that you had only when you were pregnant.)

Variable # 51

Sas Name: HYPT

Sas Label: Hypertension ever

Usage Notes: none

Categories: Medical History: Cardiovascular

Values		N	%
0	No	11,612	69.9%
1	Yes	4,893	29.5%
.	Missing	98	0.6%
		16,603	

F30 Age when told hypertension

How old were you when you were told you had high blood pressure? (Give your best guess.)

Variable # 52

Sas Name: HYPTAGE

Sas Label: Age told of hypertension

Usage Notes: Sub-question of F30 V3 Q7 "Hypertension".

Categories: Medical History: Cardiovascular

Values		N	%
1	Less than 20	42	0.3%
2	20-29	106	0.6%
3	30-39	378	2.3%
4	40-49	1,137	6.8%
5	50-59	1,839	11.1%
6	60-69	1,119	6.7%
7	70 or older	251	1.5%
.	Missing	11,731	70.7%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006   **Structure:** One row per participant   **Population:** E+P participants

F30 Ever pills for high blood pressure

Did you ever take pills for high blood pressure?

Variable # 53

Sas Name: HYPTPILL

Sas Label: Pills for hypertension ever

Usage Notes: none

Categories: Medical History: Cardiovascular

Values		N	%
0	No	697	4.2%
1	Yes	4,252	25.6%
.	Missing	11,654	70.2%
		16,603	

F30 Taking pills now for high BP

Do you now take pills for high blood pressure?

Variable # 54

Sas Name: HYPTPILN

Sas Label: Pills for hypertension now

Usage Notes: Sub-question of F30 V3 Q7 "Hypertension". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	1,156	7.0%
1	Yes	3,349	20.2%
.	Missing	12,098	72.9%
		16,603	

F30 Angina

Did a doctor ever say that you had angina (chest pains from a heart problem)?

Variable # 55

Sas Name: ANGINA

Sas Label: Angina ever

Usage Notes: none

Categories: Medical History: Cardiovascular

Values		N	%
0	No	15,868	95.6%
1	Yes	649	3.9%
.	Missing	86	0.5%
		16,603	

F30 Taking pills for angina now

Do you now take pills for angina?

Variable # 56

Sas Name: ANGNPILN

Sas Label: Pills for angina now

Usage Notes: Sub-question of F30 V3 Q8 "Angina".

Categories: Medical History: Cardiovascular

Values		N	%
0	No	373	2.2%
1	Yes	262	1.6%
.	Missing	15,968	96.2%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Peripheral arterial disease

Did a doctor ever say that you had claudication or peripheral arterial disease (poor blood flow to the legs or blocked or narrowed arteries to the legs)?
Do not include varicose veins or phlebitis.

Variable # 57

Sas Name: PAD

Sas Label: Peripheral arterial disease ever

Usage Notes: none

Categories: Medical History: Cardiovascular

Values		N	%
0	No	16,306	98.2%
1	Yes	223	1.3%
.	Missing	74	0.4%
		16,603	

F30 Angiography ever

For the above condition, have you ever had: Angiography (dye in the arteries of the legs)?

Variable # 58

Sas Name: PADANGGR

Sas Label: Angiography for PAD ever

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	130	0.8%
1	Yes	47	0.3%
.	Missing	16,426	98.9%
		16,603	

F30 Angioplasty-peripheral artery

For the above condition, have you ever had: Angioplasty (balloon catheter to open blockage)?

Variable # 59

Sas Name: PADANGP

Sas Label: Angioplasty for PAD ever

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	153	0.9%
1	Yes	20	0.1%
.	Missing	16,430	99.0%
		16,603	

F30 Surgery to improve flow ever

For the above condition, have you ever had: Surgery to improve blood flow in your legs (do not include surgery for varicose veins)?

Variable # 60

Sas Name: PADSURG

Sas Label: Surgery to improve flow to legs for PAD

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease". Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values		N	%
0	No	143	0.9%
1	Yes	34	0.2%
.	Missing	16,426	98.9%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Colonoscopy or sigmoidoscopy

Have you ever had a colonoscopy or sigmoidoscopy or flex sig (where a doctor inserts a tube in the rectum to check for bowel problems)?

Variable # 61

Sas Name: COLNSCPY

Sas Label: Colonoscopy ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values		N	%
0	No	8,968	54.0%
1	Yes	6,225	37.5%
.	Missing	1,410	8.5%
		16,603	

F30 When was last colonoscopy test

When was the last test?

Variable # 62

Sas Name: COLNSCDT

Sas Label: Date of last colonoscopy

Usage Notes: Sub-question of F30 V3 Q10 "Colonscopy or sigmoidoscopy". Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values		N	%
1	Less than 5 years ago	3,676	22.1%
2	5 or more years ago	2,524	15.2%
.	Missing	10,403	62.7%
		16,603	

F30 Ever had polyps removed

Did you ever have any polyps of the colon, intestine, bowel, or rectum removed?

Variable # 63

Sas Name: PCOLONRM

Sas Label: Polyps of colon removed

Usage Notes: Sub-question of F30 V3 Q10 "Colonscopy or sigmoidoscopy". Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values		N	%
0	No	4,942	29.8%
1	Yes	1,068	6.4%
.	Missing	10,593	63.8%
		16,603	

F30 Rectal stool exam ever

Have you ever given a sample of your stool (BM, bowel movement, or feces) to be checked or had a rectal stool exam by a doctor or nurse? This is sometimes called a stool guaiac or hemoccult test.

Variable # 64

Sas Name: HEMOCCUL

Sas Label: Hemoccult test ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values		N	%
0	No	5,340	32.2%
1	Yes	9,836	59.2%
.	Missing	1,427	8.6%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 When was last stool test

When was the last test?

Variable # 65

Sas Name: HEMOCCDT

Sas Label: Date of last hemoccult test

Usage Notes: Sub-question of F30 V3 Q11 "Rectal stool exam ever".
Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values		N	%
1	Less than 5 years ago	6,785	40.9%
2	5 or more years ago	3,007	18.1%
.	Missing	6,811	41.0%
		16,603	

F30 Cancer ever (excluding non-melan. skin cancer)

Did a doctor ever say that you had cancer, a malignant growth, or tumor? (This does not include "fibroids" of the uterus.)

Variable # 66

Sas Name: CANC_F30

Sas Label: Cancer ever

Usage Notes: none

Categories: Medical History: Cancer

Values		N	%
0	No	16,155	97.3%
1	Yes	325	2.0%
.	Missing	123	0.7%
		16,603	

F30 Cancer - breast

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Breast

Variable # 67

Sas Name: BRCA_F30

Sas Label: Breast cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Breast
Medical History: Cancer

Values		N	%
0	No	16,454	99.1%
1	Yes	18	0.1%
.	Missing	131	0.8%
		16,603	

F30 Age cancer - breast

How old were you when a doctor first told you that you had this cancer. Breast

Variable # 68

Sas Name: BRCA55

Sas Label: Breast cancer 55 or older

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.1 "Cancer - breast".
Not collected on all versions of form 30.

Categories: Medical History: Breast
Medical History: Cancer

Values		N	%
1	Less than 55	13	0.1%
2	55 or older	5	0.0%
.	Missing	16,585	99.9%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Cancer - colon, rectum

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Colon, rectum, bowel or intestine

Variable # 69

Sas Name: COLN_F30

Sas Label: Colorectal cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer
Medical History: Colorectal

Values		N	%
0	No	16,416	98.9%
1	Yes	54	0.3%
.	Missing	133	0.8%
		16,603	

F30 Age cancer - colon, rectum

How old were you when a doctor first told you that you had this cancer? Colon, rectum, bowel, or intestine

Variable # 70

Sas Name: COLOCA55

Sas Label: Colorectal cancer 55 or older

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.4 "Cancer - colon, rectum".
Not collected on all versions of Form 30.

Categories: Medical History: Cancer
Medical History: Colorectal

Values		N	%
1	Less than 55	23	0.1%
2	55 or older	23	0.1%
.	Missing	16,557	99.7%
		16,603	

F30 Cancer - thyroid

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Thyroid

Variable # 71

Sas Name: THYRCA

Sas Label: Thyroid cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer
Medical History: Thyroid

Values		N	%
0	No	16,432	99.0%
1	Yes	37	0.2%
.	Missing	134	0.8%
		16,603	

F30 Age cancer - thyroid

How old were you when a doctor first told you that you had this cancer? Thyroid

Variable # 72

Sas Name: THYRCA55

Sas Label: Thyroid cancer 55 or older

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q12.1.5 "Cancer - thyroid".
Not collected on all versions of Form 30.

Categories: Medical History: Cancer
Medical History: Thyroid

Values		N	%
1	Less than 55	31	0.2%
2	55 or older	2	0.0%
.	Missing	16,570	99.8%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006   **Structure:** One row per participant   **Population:** E+P participants

F30 Cancer - cervix

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Cervix (opening to the uterus or womb)

Variable # 73

Sas Name: CERVCA

Sas Label: Cervix cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer
Medical History: Reproductive

Values		N	%
0	No	16,437	99.0%
1	Yes	37	0.2%
.	Missing	129	0.8%
		16,603	

F30 Cancer - skin (not melanoma)

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Skin cancer (not melanoma)

Variable # 74

Sas Name: SKINCA

Sas Label: Skin cancer (not melanoma) ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values		N	%
0	No	15,533	93.6%
1	Yes	947	5.7%
.	Missing	123	0.7%
		16,603	

F30 Cancer - melanoma

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Melanoma

Variable # 75

Sas Name: MELN_F30

Sas Label: Melanoma cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values		N	%
0	No	16,445	99.0%
1	Yes	21	0.1%
.	Missing	137	0.8%
		16,603	

F30 Cancer - bladder

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Bladder

Variable # 76

Sas Name: BLADCA

Sas Label: Bladder cancer ever

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values		N	%
0	No	16,455	99.1%
1	Yes	15	0.1%
.	Missing	133	0.8%
		16,603	

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Other cancers ever

Had other cancer ever (e.g. ovarian, endometrial, brain, liver, lung, bone, stomach, blood, lymphoma, Hodgkins, or other).

Variable # 77

Sas Name: OTHERCA

Sas Label: Other cancers ever

Usage Notes: Sub-questions of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Computed Variables
Medical History: Cancer

Values		N	%
0	No	16,318	98.3%
1	Yes	119	0.7%
.	Missing	166	1.0%
		16,603	

F30 How many falls/past 12 months

During the past 12 months, how many times did you fall and land on the floor or ground?

Variable # 78

Sas Name: NUMFALLS

Sas Label: Times fell down last 12 months

Usage Notes: none

Categories: Medical History: Bone/Fractures

Values		N	%
0	None	10,339	62.3%
1	1 time	3,188	19.2%
2	2 times	1,296	7.8%
3	3 or more times	652	3.9%
.	Missing	1,128	6.8%
		16,603	

F30 Fainted or blacked out

During the past 12 months, have you fainted, blacked out, passed out, or lost consciousness?

Variable # 79

Sas Name: FAINTED

Sas Label: Fainted last 12 months

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History
Medical History: Other Disease/Condition

Values		N	%
0	No	14,886	89.7%
1	Yes	297	1.8%
.	Missing	1,420	8.6%
		16,603	

F30 Broke bone ever

Did a doctor, nurse, or physician assistant ever say you had a broken, fractured, or crushed bone?

Variable # 80

Sas Name: BKBONE

Sas Label: Broke bone ever

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values		N	%
0	No	9,259	55.8%
1	Yes	5,910	35.6%
.	Missing	1,434	8.6%
		16,603	

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Broke hip

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hip

Variable # 81

Sas Name: BKHIP

Sas Label: Broke hip ever

Values		N	%
0	No	4,436	26.7%
1	Yes	139	0.8%
.	Missing	12,028	72.4%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke hip

How old were you when you first broke this bone? Hip

Variable # 82

Sas Name: BKHIP55

Sas Label: Broke hip first time 55 or older

Values		N	%
1	Less than 55	50	0.3%
2	55 or older	85	0.5%
.	Missing	16,468	99.2%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.1 "Broke hip".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Broke back or spine

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Spine or back (vertebra)

Variable # 83

Sas Name: BKBACK

Sas Label: Broke spine ever

Values		N	%
0	No	4,356	26.2%
1	Yes	219	1.3%
.	Missing	12,028	72.4%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke back or spine

How old were you when you first broke this bone? Spine or back (vertebra)

Variable # 84

Sas Name: BKBACK55

Sas Label: Broke spine first time 55 or older

Values		N	%
1	Less than 55	126	0.8%
2	55 or older	84	0.5%
.	Missing	16,393	98.7%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.2 "Broke back or spine".
Not collected on all versions of Form 30.
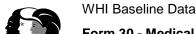
Categories: Medical History: Bone/Fractures

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Broke upper arm

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Upper arm (humerus)

Variable # 85

Sas Name: BKUARM

Sas Label: Broke upper arm ever

Values		N	%
0	No	4,261	25.7%
1	Yes	314	1.9%
.	Missing	12,028	72.4%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke upper arm

How old were you when you first broke this bone? Upper arm (humerus)

Variable # 86

Sas Name: BKUARM55

Sas Label: Broke upper arm first time 55 or older

Values		N	%
1	Less than 55	146	0.9%
2	55 or older	163	1.0%
.	Missing	16,294	98.1%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.3 "Broke upper arm".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Broke lower arm or wrist

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower arm or wrist

Variable # 87

Sas Name: BKLARM

Sas Label: Broke lower arm ever

Values		N	%
0	No	2,919	17.6%
1	Yes	1,656	10.0%
.	Missing	12,028	72.4%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke lower arm or wrist

How old were you when you first broke this bone? Lower arm or wrist

Variable # 88

Sas Name: BKLARM55

Sas Label: Broke lower arm first time 55 or older

Values		N	%
1	Less than 55	1,029	6.2%
2	55 or older	600	3.6%
.	Missing	14,974	90.2%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.4 "Broke lower arm or wrist".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures
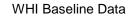
WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Broke hand

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hand (not finger)

Variable # 89

Sas Name: BKHAND

Sas Label: Broke hand ever

Values		N	%
0	No	4,380	26.4%
1	Yes	195	1.2%
.	Missing	12,028	72.4%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke hand

How old were you when you first broke this bone? Hand (not finger)

Variable # 90

Sas Name: BKHAND55

Sas Label: Broke hand first time 55 or older

Values		N	%
1	Less than 55	108	0.7%
2	55 or older	80	0.5%
.	Missing	16,415	98.9%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.5 "Broke hand".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Broke lower leg or ankle

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower leg or ankle

Variable # 91

Sas Name: BKLLEG

Sas Label: Broke lower leg ever

Values		N	%
0	No	3,296	19.9%
1	Yes	1,279	7.7%
.	Missing	12,028	72.4%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke lower leg or ankle

How old were you when you first broke this bone? Lower leg or ankle

Variable # 92

Sas Name: BKLLEG55

Sas Label: Broke lower leg first time 55 or older

Values		N	%
1	Less than 55	830	5.0%
2	55 or older	421	2.5%
.	Missing	15,352	92.5%
		16,603	

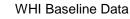**Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.6 "Broke lower leg or ankle".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006 **Structure:** One row per participant   **Population:** E+P participants

F30 Broke foot

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Foot (not toe)

Variable # 93

Sas Name: BKFOOT

Sas Label: Broke foot ever

Values		N	%
0	No	3,777	22.7%
1	Yes	798	4.8%
.	Missing	12,028	72.4%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke foot

How old were you when you first broke this bone? Foot (not toe)

Variable # 94

Sas Name: BKFOOT55

Sas Label: Broke foot first time 55 or older

Values		N	%
1	Less than 55	494	3.0%
2	55 or older	274	1.7%
.	Missing	15,835	95.4%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.7 "Broke foot".
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Broke other bone

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Other (Specify):

Variable # 95

Sas Name: BKOTHB

Sas Label: Broke other bone ever

Values		N	%
0	No	3,303	19.9%
1	Yes	2,005	12.1%
.	Missing	11,295	68.0%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

F30 Age broke other bone

How old were you when you first broke this bone? Other (Specify):

Variable # 96

Sas Name: BKOTHB55

Sas Label: Broke other bone first time 55 or older

Values		N	%
1	Less than 55	1,288	7.8%
2	55 or older	683	4.1%
.	Missing	14,632	88.1%
		16,603	

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).
Sub-question of F30 V3 Q15.1.8 "Broke other bone" (skip pattern rule not applied).
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

WHI Baseline Data

Form 30 - Medical History

Data File: f30_ep_base_pub   **File Date:** 04/10/2006   **Structure:** One row per participant   **Population:** E+P participants

Hypertension

Computed from Form 30, questions 7, 7.2, and 7.3. Three category variable on history of hypertension including information on current treatment. The three groups are never, currently untreated and currently treated hypertensive.

Variable # 97

Sas Name: HTNTRT

Sas Label: Hypertension

Usage Notes: none

Categories: Computed Variables
Medical History: Cardiovascular

Values		N	%
0	Never hypertensive	10,608	63.9%
1	Untreated hypertensive	1,266	7.6%
2	Treated hypertensive	3,271	19.7%
.	Missing	1,458	8.8%
		16,603	

Hip fracture age 55 or older

Computed from Form 30, questions 15.1 and 15.2. Indicator of whether participant has had a hip fracture at age 55 or older. Set to missing if age at screening is less than 55.

Variable # 98

Sas Name: HIP55

Sas Label: Hip fracture age 55 or older

Usage Notes: none

Categories: Computed Variables
Medical History: Bone/Fractures

Values		N	%
0	No	12,072	72.7%
1	Yes	85	0.5%
.	Missing	4,446	26.8%
		16,603	

Fracture at age 55+

Computed from Form 30, questions 15, 15.1 and 15.2. Indicator of whether the participant has ever broken a bone for the first time at age 55 or older.

Variable # 99

Sas Name: FRACT55

Sas Label: Fracture at Age 55+

Usage Notes: none

Categories: Computed Variables
Medical History: Bone/Fractures

Values		N	%
0	No	10,272	61.9%
1	Yes	2,057	12.4%
.	Missing	4,274	25.7%
		16,603	

CABG/PTCA ever

Computed from Form 30, questions 3.1.4 and 3.1.5. Indicator for whether the participant has a history of either CABG or PTCA.

Variable # 100

Sas Name: REVASC

Sas Label: CABG/PTCA Ever

Usage Notes: none

Categories: Computed Variables
Medical History: Cardiovascular

Values		N	%
0	No	16,190	97.5%
1	Yes	215	1.3%
.	Missing	198	1.2%
		16,603	